

VOLENCE IN THE WESTERN PACIFIC REGION 2014

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"The Roots of Violence: Wealth without work, Pleasure without conscience, Knowledge without character, Commerce without morality, Science without humanity, Worship without sacrifice, Politics without principles."

MAHATMA GANDHI

INTRODUCTION

In many countries, the violent taking of another's life is seen as a most serious offence, attracting the gravest consequences society can administer. The impact and long-term trauma of interpersonal violence on families, communities and individuals and its dehumanizing effects cannot be overestimated.

With the origins of violence imbedded in a complex ecology of individual, relational, community and societal factors, solutions to prevent violence must also arise from these factors.

The consequences of violence on physical, mental, sexual and reproductive health often last a lifetime. Violence also contributes to leading causes of death such as cancer, heart disease and HIV/AIDS because victims are at an increased risk of engaging in high-risk behaviours such as smoking, alcohol and drug misuse, and unsafe sex.

Interpersonal violence is violence that occurs between family members, intimate partners, friends, acquaintances and strangers, and includes child maltreatment, youth violence, intimate partner violence, sexual violence and elder abuse. Interpersonal violence is preventable, and has known risk and protective factors. Responsibility for addressing interpersonal violence rests clearly with society and governments.

The Global Status Report on Violence Prevention 2014¹ represents the progress countries have made in implementing the recommendations of the *World Report* *on Violence and Health* (2002). *The Global Status Report on Violence Prevention 2014* aims to:

- describe the state of the problem of interpersonal violence worldwide and the extent to which countries are collecting data on fatal and non-fatal violence to inform planning and action;
- assess the current status of programme, policy and legislative measures to prevent violence;
- evaluate the availability of health care, social and legal services for victims of violence; and
- identify gaps in tackling the problem of interpersonal violence and stimulate national action to address them.

By assessing violence prevention efforts globally and providing a snapshot of these efforts by country, the report is a starting point for tracking progress and a benchmark that countries can use to assess their progress.

This document reports the findings for the Western Pacific Region of the *Global Status Report on Violence Prevention 2014.*

METHODS AND DATA COLLECTION

The results presented in this document reflect the burden of interpersonal violence in the Western Pacific Region and the national policies, programmes, services for victims of violence, and legislation in response to national situations.

In the Western Pacific Region, 20 countries participated in the global status report study, representing 97% of the Region's 1.8 billion people. Data for this report were systematically gathered from each country in a fourstep process. The process was led by a governmentappointed National Data Coordinator. First, within each country a self-administered questionnaire was completed by respondents from ministries of health, justice, education, gender and women, law enforcement and police, children, social development and the interior, and, where relevant, nongovernmental organizations. Second, these respondents held a consensus meeting and agreed on the data best representing their country. Third, WHO regional and global violence prevention technical staff validated the final data submitted for each country by checking them against independent

databases and other sources. Finally, WHO obtained permission from country government officials to include the final data in the global status report.

Homicide estimates were calculated for all 27 countries of the Western Pacific Region, including those that did not participate in the study. Data on national responses to violence, including the existence and enforcement legislation and services to survivors, are for the 20 countries that participated in the study. All percentages expressed are reflective of a denominator of 20 participating countries.

This report highlights specific findings for the Western Pacific Region and is supplemental to the *Global Status Report on Violence Prevention 2014* (available at: http://www.who.int/violence_injury_prevention/violence/ status_report/2014/en/).

Complete details of the methodology are outlined in the Annex section of the global status report.

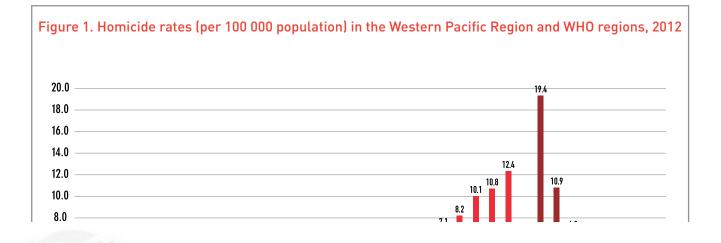


INTERPERSONAL VIOLENCE IN THE WESTERN PACIFIC REGION

Key facts

- There were an estimated 36 120 homicide² deaths in the Western Pacific Region in 2012.
- 75% of all homicide victims are males. Men are 2.9 times more likely to be murdered than women in the Western Pacific Region.
- With 1.96 homicides for every 100 000 people, the mortality rate in the Western Pacific Region is the lowest of all WHO regions. Compared with the Region of the Americas, the risk of homicide is almost 10 times lower in the Western Pacific Region.
- Fatal interpersonal violence has decreased by 34% since 2000 in the Western Pacific Region, more than double the global decrease (16%) over the same period.

- Large disparities still exist in the Region, with 95% of homicides occurring in low- and middle-income countries.
- The risk of homicide is more than 2.5 times greater in low- and middle-income countries compared to high-income countries.
- Subregional variations are prominent. With a mortality rate of 6.5 per 100 000 population, the risk of homicide in Pacific island countries is 3.3 times higher than the regional average.
- The highest rate of homicide in the Western Pacific Region in 2012 was in the Philippines (12.4 per 100 000 people), six times higher than the regional average (Figure 1).



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